## I THE MITTED STATES PATENT AND TRADEMARK OFFICE

In re Application BEDE

: LIGHT TREATMENT DEVICE AND METHOD, IMAGING CASSETTE, DOSE

MEASUREMENT MODULE AND RADIOLOGY APPARATUS

Serial No.

09/826,202

: Group Art Unit 2882

Filed:

04/04/2001

: Examiner Craig E. Church

: Date: November 14 , 2002

02 RECEIVE

AMENDMENT UNDER 37 CFR 1.111

NOV 1 8 2007

Assistant Commissioner for Patents Box PATENT APPLICATION Washington, DC 20231

OFFICE OF PETCHON

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

	(col. 1)		(col. 2)	(col. 3)	SMALL ENTITY		LARGE ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Added Fee	Rate	Added Fee
Total	* 44	Minus	** 28	= 16	X 9 =	\$	x 18 =	\$ 288
Indep.	* 11	Minus	***6	= 5	X 42 =	\$	x 84 =	\$ 420

Ш	First	Presentation	of	Multiple	De	pendent	Claim
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+ 140 = \$ + 280 = \$

Total Added Fee \$

\$ 708

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in col. 1 of a prior amendment or the number of claims originally filed.

#### CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, BOX PATENT APPLICATION, Washington, DC 20231, or facsimile transmitted or Express Mail No. EE354716211US on the date indicated below.

By Chaskin

Date: November / 4 , 2002

<sup>\*</sup> If the entry in col. 1 is less than the entry in col. 2, enter "0" in col. 3.

<sup>\*\*</sup> If the "Highest No. Previously Paid For" in this space is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest No. Previously Paid For" in this space is less than 3, enter "3".

	Please charge Deposit Account No. 09-0470 in the amount of \$708. A duplicate copy of this sheet is attached.					
	A check in the amount of \$ (check no.) is attached.					
K	The Commissioner is hereby authorized to charge payment of the following feet associated with this communication or credit any overpayment to Deposit Account No. 09-0470. A duplicate copy of this sheet is attached.					
	Any filing fees under 37 CFR 1.16 for the presentation of extra claims.					
	Any patent application processing fees under 37CFR 1.17.					
	Donnostfully authoritted					

Respectfully submitted,

**WIEDMANN** 

Jay L/Chaskin Attorney for Applicant

Reg. No. 24030

Tel: 203-373-2867 Fax: 203-373-2991

Email: jay.chaskin@corporate.ge.com

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NTHE UNITED STATES PATENT AND TRADEMARK OFFICE

Moore

In re Application of:

: LIGHT TREATMENT DEVICE AND METHOD, IMAGING CASSETTE, DOSE MEASUREMENT MODULE AND RADIOLOGY APPARATUS

WIEDMANN

Serial No.:

C A . I I ...'. 200

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: Examiner: Craig E. Church

# AMENDMENT UNDER 37 CFR 1.111

RECEIVED

Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231

SEFICE OF PETITIONS

Sir:

In response to the Office communication mailed 02/13/2002 please amend the application as follows:

#### IN THE WRITTEN DESCRIPTION:

Enclosed herewith is amended paragraphs [0019], [0023], [0026], [0034], [0042] and [0048] indicating the amendment and a clean copy of amended paragraphs [0019], [0023], [0026], [0034], [0042] and [0048] as amended.

# IN THE DRAWING:

Enclosed for approval by the Examiner and the Official Draftsperson is a proposed correction to Figure 2 adding reference numeral 3.

# IN THE CLAIMS:

Enclosed herewith are new claims 29 to 44.

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Jay I Chackin

Date: November / , 2002